

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036388
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4990

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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27983

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9751.2

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1290-0

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DATE AMENDED

9-18-63

Jon Chester Ramsey

Jon Gorman Ramsey

3

DOCUMENT

BY AFFIDAVIT OF Funeral Home

George V. Herrman

FILED SEP 27 1963
a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in lb
4 months

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 4933 Forest

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Jackson

c. CITY OR TOWN Raytown Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS 8000 Manning (If outside, give location)
Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First Jon Middle Gorman Last Ramsey

4. DATE OF DEATH
Month Sept. Day 10. Year 1963

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 5-3-1963

9. AGE (last birthday)
IF UNDER 1 YEAR: Months 4 Days 7
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None

10b. KIND OF BUSINESS OR INDUSTRY
None

11. BIRTHPLACE (City and state or country)
Kansas City, Mo

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME
Louis Ramsey

13b. MOTHER'S MAIDEN NAME
Stephanie Parr

14. NAME OF HUSBAND OR WIFE
None Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
17. INFORMANT Address
Louis Ramsey, 8000 Manning, Raytown Mo

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Possible fulminating Meningitis 1 or 2 days
DUE TO (b) Spina bifida birth
DUE TO (c) Hydrocephalus birth

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Anomalies of lower extremities

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from birth to 9/10/63 and last saw him alive on 8/5/63
Death occurred at 11:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
George V. Herrman M.D.

22b. ADDRESS
4320 Wornall Rd

22c. DATE SIGNED
9/11/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
9-12-1963

23c. NAME OF CEMETERY OR CREMATORY
Floral Hills

23d. LOCATION (City, town, or county)
Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS
Floral Hills Funeral Home
Kansas City, Missouri

25. DATE RECD. BY LOCAL REG.
9-11-63

26. REGISTRAR'S SIGNATURE
Beasie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John R. Edmon

Licensed Embalmer No.

4531

P. O. Address

Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*4330
to 1-8/00
12:30-5PM*